

COLORADO METHAMPHETAMINE TASK FORCE

Meeting August 3, 2012

10:00 am – 1:00 pm

Chair – Attorney General John Suthers

Vice –Chairs:

- *Treatment* – Charlie Smith, Acting Director, Division of Behavioral Health, CDHS
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems, CDPHE
- *Law Enforcement* – Lori Moriarty, Retired Commander, Thornton Police, Department, North Metro Drug Task Force

Attendees: John Suthers; Lori M Moriarty; Jade Woodard; Michael Root; Dan Kaup; José Esquibel; Debra Campeau; Chele Clark; Jeanne Smith; Melissa Gallardo; Kelly Perez; Joyce Washington; Abby Kirbride (for Rachel Allen); Val Kalnins; Greg Daniels

Guests: Rick Tomaselli; Laurie Lovedale; Brittany Schock; Tracy Hicks; Mike Phelps; David Salinas; Renne White; Janina Rivera; Tia Johnson; Jack Wesoky; Colleen Brisnehan; Danielle Glover; Gretchen Read; Julia Roguski; Beverly Gmerek; Jennifer West; Karen Teel

Introductions:

Attorney General Suthers called the meeting to order on August 3, 2012.

Review and Approval of Minutes: May 4, 2012, were approved by motion.

Announcements from Task Force Members:

Jade Woodward - The 4th Annual Colorado Drug Endangered Children Conference will be held on September 24 and 25, 2012. The title this year is “*Collective Impact: Working Together for Drug Endangered Children and Families.*” Scholarship is available and we are taking calls for presentations. On the Colorado DEC website Ambassador Applications are available.

Kelly Perez - The Governor will be co-chairing a Prescription Drug meeting on October 21st. A team will be assembling at a later date, team members will include staff from the Colorado Dept of Public Health and Environment and the Colorado Department of Human Services.

Substance Exposed Newborns Subcommittee

Jade Woodard, Executive Director, Colorado DEC

With HB 12-1100 now in law regarding safeguard for primary care practitioners to screen pregnant women for substance abuse without fear of criminal prosecution of the women, the SEN Committee is developing the next steps for increasing substance use screening. Also, input is need regarding priorities of the next recommendations from the SEN Committee. A survey will be created and sent out to Task Force Members asking for input to setting priorities and the order of these priorities.

COLORADO METHAMPHETAMINE TASK FORCE

Meeting August 3, 2012

10:00 am – 1:00 pm

Currently members of the SEN Committee are working with the Colorado Department of Human Services on setting up a special phone number for pregnant women to call for assistance. There are only a few select providers in the state. The special line for children will be going live September 10, 2012. The number is 1-800-Children. This line is available for low-income people. This line is already set up and will handle family issues statewide. This work will be in conjunction with SBIRT Colorado. A packet of information will be sent out soon.

There are plans being made to conduct seven regional meetings with physicians, people from the fields of child welfare and public health. Work is being done to write for a convening grant from The Colorado Trust to fund the regional meetings. If you are interested in joining the SEN committee, the group meets quarterly.

National Pharmaceutical Drug Take Back Follow up:

Helen Kaupang, Diversion Group Supervisor

U.S. Drug Enforcement Administration, Denver Field Office

The next take back day is September 29, 2012. This will be the fifth "Take Back" program. More information is forthcoming. At the last "Take Back" event, there were 84 agencies at 112 locations statewide. For the upcoming event we are not sure of the response from the law enforcement agencies due to budget issues. For the upcoming event we will be contacting long term care facilities. We will be working with the Attorney General's office to create and send out a letter to all the law enforcement agencies across the state again.

We are looking at permanent take back site. At this time only the DEA can take back controlled substances. A consistent message needs to be created and used statewide. The rules and regulations are still being worked on by the DEA. Currently, a Safe to Disposal Law, 2010, has to have a number of public hearings to discuss the rules and regulations; the department of public health and environment is part of this group. The next public hearing is September 18, 2012.

Healthy and Drug Free Colorado Update:

Tom Gorman, Director

Rocky Mountain HIDTA

(Tom passed out an informational handout only)

October 2, 2012 is a big day for Colorado; marijuana legalization is back on the ballot. Amendment 64 would allow a person 21 years of age or older to legally consume or possess 1 ounce or less of marijuana. The amendment would also provide for government licensing, regulation and taxing of marijuana retail stores, cultivation facilities, products manufacturing facilities and testing facilities. Some of the issues are:

1. Conflicts with Federal Law
2. More Liberal than the Netherlands
3. No Limits on Stores and Grow Operations
4. No residence requirements

COLORADO METHAMPHETAMINE TASK FORCE

Meeting August 3, 2012

10:00 am – 1:00 pm

5. Private marijuana clubs
6. Limit for Edibles
7. Unlicensed Grow Loophole
8. Grows exceed user limits
9. Constitutional amendments versus legislation
10. Litigation
11. Unreasonable impractical
12. Local ordinances
13. Regulatory agency

Top 10 reasons NOT to legalize marijuana

1. It would still be illegal – it is a federal law
2. Marijuana possession/use is not impacting the criminal justice system
3. Why repeat Amsterdam's mistake
4. Negative image of Colorado
5. Harm to existing businesses and the economy
6. Blindside economics
7. Marijuana use would increase
8. Treatment and addiction rates would rise
9. Adverse effect on the educational environment
10. Death from impaired driving would increase

“these statements can be supported by studies, research and past experience. If you would like more information go to www.healthdrugfreecolorado.org \

Additional information is available at: www.voteno64.com .

September 10th a study will be coming out

Ask José about the report that Tom talked about at the meeting. This report talks about. Look for the report from Teri Connell

Amendment 20 is what we have on our books. 6 years about amendment. A couple of things that happened were that the dispensaries stated that 98,000 is now the numbers but they did not stop smoking it, they are just using their friends cards to get the drugs. 1284 House Bill embracing this bill.

They do not have a prescription it is a referral. The prescription states what you need to take the number of times you take it etc.

Again the growing of the marijuana is the same issues. The words make the difference. Do not use the words legal or decriminalized it. Regulate is the word they use not legalize it. They already have all the dispensaries
This will be a constitutional amendment if this passes
Rocky Mountain Council has a white paper out on this – how do you do drug testing on employees. Find this paper

COLORADO METHAMPHETAMINE TASK FORCE

Meeting August 3, 2012

10:00 am – 1:00 pm

It will open a whole new can of worms if this passes. So far we have been able to stop this type of things. Employees will have a hard time with this if it passes.

The word needs to get out there, stressing that it is a issues. Get to the schools to pass this message out.

Constitutional right is now allowing, if passed, that will allow the growing of marijuana and you can make your own booze etc.

It is still illegal to do this, federally, this will be a dangerous issue for Colorado, we will have a bad image, lose business in the state.

This will affect the care of the children. If people are moving here to smoke, what will that do to their children and what resources will be taxed to care for theses children.

What can you do? Get the word out there, to not pass this bill,.

Prescription Drug Monitoring and Related Issues:

Val Kanins, Executive Director

Colorado Pharmacist Society

Prescription Drug Monitoring Programs: An Overview

Presentation to Colorado Methamphetamine Task Force on August 3, 2012

Prescription drug abuse is the Nation's fastest-growing drug problem. While there has been a marked decrease in the use of some illegal drugs like cocaine, data from the National Survey on Drug Use and Health (NSDUH) show that nearly one-third of people aged 12 and over whom used drugs for the first time in 2009 began by using a prescription drug non-medically. In 2010, seven million individuals aged 12 or older were current nonmedical users of prescriptions. The number of prescriptions filled for opioid pain relievers—some of the most powerful medications available—has increased dramatically in recent years. From 1997 to 2007, the milligram per person use of prescription opioids in the U.S. increased from 74 milligrams to 369 milligrams, an increase of 402 percent. In addition, in 2000, retail pharmacies dispensed 174 million prescriptions for opioids; by 2009, 257 million prescriptions were dispensed, an increase of 48 percent. Further, opiate overdoses, once almost always due to heroin use, are now increasingly due to abuse of prescription painkillers. Over 1 million emergency department visits involved nonmedical use of pharmaceuticals.

All these statistics were included in the President's report, "Epidemic: Responding to America's Prescription Drug Abuse Crisis." A "Prescription Drug Abuse Prevention Plan" mentioned in this report expands upon the Administration's National Drug Control Strategy and includes action in four major areas to reduce prescription drug abuse: education, proper disposal, enforcement and monitoring.

COLORADO METHAMPHETAMINE TASK FORCE

Meeting August 3, 2012

10:00 am – 1:00 pm

First, education is critical for the public and for healthcare providers to increase awareness about the dangers of prescription drug abuse, and about ways to appropriately dispense, store, and dispose of controlled substance medications. Second, the development of consumer-friendly and environmentally-responsible prescription drug disposal programs may help to limit the diversion of drugs, as most non-medical users appear to be getting the drugs from family and friends. Third, it is important to provide law enforcement agencies with support and the tools they need to expand their efforts to shut down “pill mills” and to stop “doctor shoppers” who contribute to prescription drug trafficking. **Fourth, enhancement and increased utilization of prescription drug monitoring programs will help to identify “doctor shoppers” and detect therapeutic duplication and drug-drug interactions.**

According to the President’s report, Forty-three states have authorized prescription drug monitoring programs (PDMPs), however, thirty-seven states have operational PDMPs. These programs are established by state legislation and are paid for by a combination of state and Federal funds. PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs can and should serve a multitude of functions, including: assisting in patient care, providing early warning of drug abuse epidemics (especially when combined with other data), evaluating interventions, and investigating drug diversion and insurance fraud.

In 2002, a General Accounting Office report concluded that state PDMPs provide a useful tool to reduce drug diversion, based largely on the opinion of PDMP managers and law enforcement agencies. An analysis in 2006 found that PDMPs were associated with lower rates of substance abuse treatment admission. One additional study has examined the effect of a trial of using PDMP data in an emergency department. It found that PDMP data changed clinical management in 41 percent of cases. Of these, 61 percent received fewer or no opioid pain medications than had been originally planned by the physician prior to reviewing the PDMP data, and 39 percent received more opioid medication than previously planned because the physician was able to confirm the patient didn’t have a recent history of opioid use.

What are the benefits of having a PDMP?

1. support access to legitimate medical use of controlled substances,
2. identify and deter or prevent drug abuse and diversion,
3. facilitate and encourage the identification, intervention with and treatment of persons addicted to prescription drugs,
4. inform public health initiatives through outlining of use and abuse trends, and
5. educate individuals about PDMPs and the use, abuse and diversion of an addiction to prescription drugs.

How PDMPs are organized and operated varies among states. Each state determines which agency houses the PDMP; which controlled substances must be reported; which types of dispensers are required to submit data (e.g., pharmacies); how often data are

COLORADO METHAMPHETAMINE TASK FORCE

Meeting August 3, 2012

10:00 am – 1:00 pm

collected; who may access information in the PDMP database (e.g., prescribers, dispensers, or law enforcement); the circumstances under which the information may (or must) be accessed; and what enforcement mechanisms are in place for noncompliance.

PDMP costs may vary widely, with startup costs ranging from \$450,000 to over \$1.5 million and annual operating costs ranging from \$125,000 to nearly \$1.0 million. States finance PDMPs using monies from a variety of sources including the state general fund, prescriber and pharmacy licensing fees, state controlled substance registration fees, health insurers' fees, direct-support organizations, state grants, and/or federal grants.

State PDMPs vary widely with respect to whether or how information contained in the database is shared with other states. While some states do not have measures in place allowing interstate sharing of information, others have specific practices for sharing. An effort is ongoing to facilitate information sharing using prescription monitoring information exchange (PMIX) architecture. The PMIX program is intended to enable the interstate exchange of PDMP information, providing information on an individual's prescription drug history across states participating in the information exchange. This information can help identify potential prescription drug abuse or diversion, and can help inform stakeholders such as law enforcement, health and human services, health practitioners, and public regulatory agencies.

The infrastructure of the PMIX program is based on the National Information Exchange Model, which is a data sharing partnership between all levels of government as well as the private sector. To facilitate information security and data privacy, data are encrypted while passing through "hubs," and no data are actually stored on these hubs. PMIX allows for hubs to exist at the state and national levels, and it allows for hub-to-hub information exchange. With pharmaceutical industry support, the National Association of Boards of Pharmacy (NABP) has developed a technology platform to facilitate interstate sharing of PDMP data, called InterConnect, which NABP has committed to make compliant with PMIX architecture. NABP anticipates that approximately 20 states will be sharing data using NABP InterConnect by the end of 2012, including 14 that had executed MOUs to participate as of March 2012.

Legislation has been introduced in the 112th Congress that would take up these issues. Some bills would, among other things, examine the current interoperability of state level PDMPs and others would establish national-level standards for the interoperability of state PDMPs receiving federal funding.

Legislation was introduced in Colorado in 2006 to establish a PDMP program in Colorado and in 2010 a Sunset Review was conducted of the PDMP program. SB11-192 was passed in 2011 to continue the program. Click here for a [Quick View](#) of the Sunset Review Report and SB 11-192 is attached.

Details about the Colorado PDMP program were provided by Tia Johnson.

Prescription Drug Monitoring Program

COLORADO METHAMPHETAMINE TASK FORCE

Meeting August 3, 2012

10:00 am – 1:00 pm

*Tia Johnson, PDMP Administrator
Colorado State Board of Pharmacy,
Division of Registrations*

What is the PDMP

- Secure Database of controlled substance prescriptions (Schedules II – through V) dispensed by pharmacies registered with the Colorado State Board of Pharmacy.
- Includes data concerning controlled substance prescriptions dispensed by pharmacies located within Colorado and by those outside that ship prescription into Colorado
- Data is uploaded into the PDMP twice a month (by the 10th and 25th of every month)

History

- 2005 Authorized into Law
- 2006 Federal Grant Received for implementation
- 2007 Pharmacies began uploading data
- 2008 PDMP went “live” to users
- 2011 Reauthorized in law until 2021 during legislative session
- Relocated to Title 12, Article 42.5 C.R.S. with entire Pharmacy Practice Act

Purpose

- Provides objective information to assist practitioner’s pharmacists in treating patients
- Provide access for Law Enforcement and Regulatory Boards via subpoena court order to investigate prescriber behavior that is potentially harmful to the public
- Provides access for Law Enforcement via subpoena/court order to obtain patient controlled substance history.

PDMP Access

- Prescribers of Controlled Substances, pharmacists, and medical residents with training licenses have online access
- Law Enforcement and Regulatory Board by court order or subpoena
- Consumers may obtain their own personal history
- Deidentified data can be obtained through research agreements with pharmacy board

Funding

- Funded by surcharge put on licenses of practitioners
- Additional funding for some program enhancements through Federal grant
- Budget for this program is **\$250,000** JOSE, DID YOU WRITE THIS NUMBER DOWN?

Future

- Outsourced vendor is changing. PDMP will go “live” with a new vendor on August 15, 2012
- Data Submission format is changing August 15, 2012

COLORADO METHAMPHETAMINE TASK FORCE

Meeting August 3, 2012

10:00 am – 1:00 pm

- Working towards connecting electronically with PDMPs in other states in this current fiscal year
- Changing the frequency of data upload requirements is uncertain

More Information

- Current website: www.coloradopdmp.org
- Website on 8/15/12
- Law Enforcement and Consumer access forms are available at www.dora.state.co.us/pharmacy/pdmp

Next Meeting:

November 2, 2012